

HOSPITAL MARKET SERVICE AREA FILE (HMAF) RECORD - 1993

NAME	TYPE	LENGTH	POSITIONS		CONTENTS
			BEG	END	
**** HOSPITAL MARKET SERVICE AREA FILE (HMAF) RECORD - 1993	REC	40	1	40	THIS IS A SUMMARY RECORD OF DAYS OF CARE, CHARGES AND CASES BY THE COMBINED PROVIDER NUMBER AND ZIP CODE OF THE BENEFICIARY. SYSTEM ALIAS: HMAF93
1. MEDICARE PROVIDER NUMBER	CHAR	6	1	6	THIS FIELD SPECIFIES THE INSTITUTION THAT RENDERED SERVICES TO A BENEFICIARY. THIS IS THE UNIQUE NUMBER ISSUED BY THE HCFA REGIONAL OFFICE TO A PROVIDER OF SERVICES UPON INITIAL CERTIFICATION FOR PARTICIPATION IN THE MEDICARE PROGRAM. CODES: SSTPPP WHERE: SS = STATE OF THE PROVIDER (SSA STANDARD STATE CODES) T = TYPE OF PROVIDER PPP = PROVIDER SEQUENCE NUMBER - FIRST TWO POSITIONS ARE THE STATE CODE. CODING SCHEME: REFER TO SSA_STD_STATE_TB - POSITIONS 3 AND SOMETIMES 4 ARE USED AS A CATEGORY IDENTIFIER. THE REMAINING POSITIONS ARE SERIAL NUMBERS. THE FOLLOWING BLOCKS OF NUMBERS ARE RESERVED FOR THE FACILITIES INDICATED: 0001-0899 SHORT-TERM (GENERAL AND SPECIALTY) HOSPITALS 0900-0999 MULTIPLE HOSPITAL COMPONENT IN A MEDICAL COMPLEX (NUMBERS RETIRED) 1000-1199 RESERVED FOR FUTURE USE 1200-1224 ALCOHOL/DRUG HOSPITALS (EXCLUDED FROM PPS-NUMBERS RETIRED) 1225-1299 MEDICAL ASSISTANCE FACILITIES (MONTANA PROJECT) 1300-1399 RURAL PRIMARY CARE HOSPITAL (RPCH) 1400-1499 RESERVED FOR FUTURE USE 1500-1799 HOSPICES

1800-1899 FEDERALLY QUALIFIED HEALTH CENTERS
(FQHC)
 1900-1989 RESERVED FOR FUTURE USE
 1990-1999 CHRISTIAN SCIENCE SANATORIA
(HOSPITAL SERVICES)
 2000-2299 LONG-TERM HOSPITALS (EXCLUDED FROM PPS)
 2300-2499 CHRONIC RENAL DISEASE FACILITIES
(HOSPITAL BASED)
 2500-2899 NON-HOSPITAL RENAL DISEASE
TREATMENT CENTERS
 2900-2999 INDEPENDENT SPECIAL PURPOSE RENAL
DIALYSIS FACILITY (1)
 3000-3024 FORMERLY TUBERCULOSIS HOSPITALS

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					(NUMBERS RETIRED)
					3025-3099 REHABILITATION HOSPITALS (EXCLUDED FROM PPS)
					3100-3299 RESERVED FOR FUTURE USE
					3300-3399 CHILDREN'S HOSPITALS (EXCLUDED FROM PPS)
					3400-3499 CONTINUATION OF RURAL HEALTH CLINICS (PROVIDER-BASED) (3975-3999)
					3500-3699 RENAL DISEASE TREATMENT CENTERS (HOSPITAL SATELLITES)
					3700-3799 HOSPITAL BASED SPECIAL PURPOSE RENAL DIALYSIS FACILITY (1)
					3800-3974 RURAL HEALTH CLINICS (FREE-STANDING)
					3975-3999 RURAL HEALTH CLINICS (PROVIDER-BASED)
					4000-4499 PSYCHIATRIC HOSPITALS (EXCLUDED FROM PPS)
					4500-4599 COMPREHENSIVE OUTPATIENT REHABILITATION FACILITIES (CORF)
					4600-4799 COMMUNITY MENTAL HEALTH CENTERS (CMHC)
					4800-4999 RESERVED FOR FUTURE USE
					5000-6399 SKILLED NURSING FACILITIES
					6400-6499 RESERVED FOR FUTURE USE (2)
					6500-6899 OUTPATIENT PHYSICAL THERAPY SERVICES
					6900-6989 RESERVED FOR FUTURE USE
					6990-6999 CHRISTIAN SCIENCE SANATORIA (SKILLED NURSING SERVICES)
					7000-7299 HOME HEALTH AGENCIES (3)
					7300-7399 SUBUNITS OF 'NONPROFIT' AND 'PROPRIETARY' HOME HEALTH AGENCIES (4)

7400-7799 CONTINUATION OF 7000-7299 SERIES
 7800-7999 SUBUNITS OF STATE AND LOCAL GOVERNMENTAL
 HOME HEALTH AGENCIES (4)
 8000-8499 CONTINUATION OF 7400-7799 SERIES
 8500-8899 CONTINUATION OF RURAL HEALTH
 CENTER (PROVIDER BASED) (3400-3499)
 8900-8999 CONTINUATION OF RURAL HEALTH
 CENTER (FREE-STANDING) (3800-3975)
 9000-9799 RESERVED FOR FUTURE USE

MEDICAID PROVIDERS (TITLE XIX-ONLY):

A001-A999 NURSING FACILITY
 B001-B999 NURSING FACILITY (EXPANSION OF A001-A999)
 E001-E999 NURSING FACILITY
 F001-F999 NURSING FACILITY (EXPANSION OF E001-E999)
 G001-G999 INTERMEDIATE CARE FACILITY FOR THE
 MENTALLY RETARDED
 H001-H999 INTERMEDIATE CARE FACILITY FOR THE
 MENTALLY RETARDED
 (EXPANSION OF G001-G999)
 P001-P999 ORGAN PROCUREMENT ORGANIZATION

(1) THESE FACILITIES (SPRDFS) WILL BE ASSIGNED
 THE SAME PROVIDER NUMBER WHENEVER THEY
 ARE RECERTIFIED.

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(2) THE 6400-6499 SERIES OF PROVIDER NUMBERS
 IN IOWA (16), SOUTH DAKOTA (43) AND TEXAS (45)
 HAVE BEEN USED IN REDUCING ACUTE CARE COSTS (RACC)
 EXPERIMENTS.

(3) IN VIRGINIA (49), THE SERIES 7100-7299 HAS
 BEEN RESERVED FOR STATEWIDE SUBUNIT COMPONENTS
 OF THE VIRGINIA STATE HOME HEALTH AGENCIES.

(4) PARENT AGENCY MUST HAVE A NUMBER IN THE
 7000-7299, 7400-7799 OR 8000-8499 SERIES.

NOTE:

THERE IS A SPECIAL NUMBERING SYSTEM FOR UNITS

OF HOSPITALS THAT ARE EXCLUDED FROM PROSPECTIVE PAYMENT SYSTEM (PPS) AND HOSPITALS WITH SNF SWING-BED DESIGNATION. AN ALPHA CHARACTER IN THE THIRD POSITION OF THE PROVIDER NUMBER IDENTIFIES THE TYPE OF UNIT OR SWING-BED DESIGNATION AS FOLLOWS:

- S = PSYCHIATRIC UNIT (EXCLUDED FROM PPS)
- T = REHABILITATION UNIT (EXCLUDED FROM PPS)
- U = SHORT TERM/ACUTE CARE SWING-BED HOSPITAL
- V = ALCOHOL DRUG UNIT (PRIOR TO 10/87 ONLY)
- W = LONG TERM SNF SWING-BED HOSPITAL (EFF 3/91)
- Y = REHAB HOSPITAL SWING-BED (EFF 9/92)
- Z = RURAL PRIMARY CARE SWING-BED HOSPITAL (TO BE EFFECTIVE IN 1994)

SOURCE:
UNIFORM BILL 82, FORM HCFA-1450,
ITEM 7 (MEDICARE PROVIDER NUMBER).

LIMITATIONS:
THE MEDPAR FILE CONTAINS ONLY INPATIENT HOSPITAL RECORDS. PROVIDER NUMBERS ARE VALIDATED AGAINST A FILE OF MEDICARE-CERTIFIED PROVIDERS BY THE INTERMEDIARY. HOWEVER, THIS PROCESS IS NOT REPEATED WHEN THE MEDPAR FILE IS CONSTRUCTED.

2. ZIP CODE OF RESIDENCE CHAR 5 7 11 THIS FIELD SPECIFIES THE ZIP CODE AND IS BASED UPON THE MAILING ADDRESS USED FOR CASH BENEFITS TO THE BENEFICIARY OR FOR OTHER PURPOSES (E.G., PREMIUM BILLING).

STANDARD ALIAS: BENE_MLG_CNTCT_ZIP_CD

COMMENT:
CODES IDENTIFY POSTAL SERVICE AREAS WITHIN THE U.S.A. BUT DO NOT NECESSARILY

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ADHERE TO BOUNDARIES OF CITIES, COUNTIES, STATES, OR OTHER JURISDICTIONS. THE

CODE IS APPENDED TO THE RECORD AT TIME OF PROCESSING IN CENTRAL OFFICE. THE FIRST THREE POSITIONS OF THE ZIP CODE REPRESENT A PARTICULAR SECTIONAL POSTAL CENTER OR A METROPOLITAN CITY. THE LAST TWO DIGITS REPRESENT THE ASSOCIATED POST OFFICE SERVED BY THE POSTAL CENTER OR THE DELIVERY AREA SERVED BY THE POSTAL STATION.

SOURCE:
SSA AND RRB BENEFICIARY RECORD SYSTEMS

LIMITATIONS:
ZIP CODE MAY NOT CORRESPOND WITH STATE OF RESIDENCE.

3. TOTAL DAYS OF CARE NUM 10 12 21 THIS TEN-DIGIT FIELD IS THE TOTAL DAYS OF CARE. IT IS DERIVED BY SUBTRACTING THE DATE OF ADMISSION FROM THE DATE OF DISCHARGE AND SUMMING OVER ALL CASES IN THAT HOSPITAL/ZIP CODE COMBINATION.

10 DIGITS

DERIVATION:
UNIFORM BILL HCFA-1450, ITEM 15 (ADMISSION DATE) MINUS ITEM 22 (DISCHARGE DATE)

CODES:
N,NNN,NNN,NNN - NUMBER OF DAYS OF SERVICE

COMMENT:
SAME DAY DISCHARGES ARE COUNTED AS ONE DAY OF CARE AND NEXT DAY DISCHARGES ARE COUNTED AS ONE DAY OF CARE.

4. TOTAL CHARGES NUM 10 22 31 THIS ITEM RECORDS THE TOTAL CHARGES FOR ALL HOSPITAL VISITS FOR THIS HOSPITAL/ZIP CODE COMBINATION. ONLY WHOLE DOLLARS ARE SHOWN.

10 DIGITS

CODES:
\$,\$\$\$,\$\$\$,\$\$\$ - AMOUNT OF TOTAL CHARGES

SOURCE:
UNIFORM BILL HCFA-1450, REVENUE CODE 001

FROM ITEM 51 AND TOTAL CHARGES CONTAINED IN
ITEM 53

5. TOTAL CASES

NUM 9 32 40

THIS NINE-DIGIT FIELD REPRESENTS THE TOTAL
NUMBER OF CASES RECORDED FOR EACH HOSPITAL/ZIP

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CODE COMBINATION.

9 DIGITS

EDIT-RULES:

NNN,NNN,NNN = TOTAL NUMBER OF CASES FOR EACH
HOSPITAL/ZIP CODE COMBINATION

SOURCE:

MEDICARE PROVIDER ANALYSIS AND REVIEW FILE

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